

CLAIMS

I claim:

1. A method for targeting a high-risk member of a healthcare plan for proactive care, using data from a plurality of claims, the method comprising:
 - searching the plurality of claims to identify the presence of an intervention flag; and
 - identifying a medical episode driving cost from the plurality of claims.
2. The method of claim 1 further comprising generating a display showing the intervention flag and the medical episode in association with an identification of the member.
3. The method of claim 1 further including searching the plurality of claims for the presence of a member of the group consisting of: mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.
4. The method of claim 1 further comprising, prior to the act of searching, choosing the high-risk member using a predicted future cost as specified by a predictive model.
5. The method of claim 1 wherein the searching step includes searching the plurality of claims to identify an intervention flag selected from the following group: emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.

6. The method of claim 1 further comprising linking the intervention flag to each of the plurality of claims corresponding to the intervention flag.

7. The method of claim 2 further comprising calculating a future cost for the member and displaying the future cost in association with the identification of the member.

8. The method of claim 2 further comprising calculating a relative risk for the member and displaying the relative risk in association with the identification of the member.

9. The method of claim 2 wherein the intervention flag reflects the presence of a medical episode for which the member is not seeing an appropriate provider and further wherein the display indicates the medical episode and the appropriate provider.

10. The method of claim 1 wherein the intervention flag is the presence of a medical episode in the plurality of claims for which the member is missing a specified treatment.

11. The method of claim 1 wherein the intervention flag is the presence of a medication in the plurality of claims for which the member is noncompliant.

12. The method of claim 1 wherein the medical episode is defined in terms of CCG categories.

13. The method of claim 1 wherein the medical episode driving cost is identified by determining which of a plurality of medical episodes

present in the plurality of claims has a highest actual cost.

14. The method of claim 1 wherein the medical episode driving cost is identified by determining which of a plurality of medical episodes present in the plurality of claims has a highest average cost according to benchmark medical episode data.

15. The method of claim 1 wherein the medical episode driving cost is identified by assigning a ranking to each of the plurality of medical episodes present in the plurality of claims based on a combination of an associated cost for the member and an average benchmark cost.

16. A method for targeting high-risk members from a plurality of members of a healthcare plan for proactive care, using data from a plurality of claims corresponding to the plurality of members, the method comprising:

filtering the plurality of members using a filter criterion to
identify a set of high-cost members;
identifying the presence of an intervention flag for each
member in the set of high-cost members, by
analyzing the claims corresponding to each member;
and
generating a display showing the intervention flag for each
member in association with an identification of the
member.

17. The method of claim 16 wherein the filter criterion is a predicted future cost as specified by a predictive model.

18. The method of claim 16 further including searching the plurality of claims for the presence of a member of the group consisting of: mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

19. The method of claim 16 wherein the intervention flag is selected from the following group: emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.

20. The method of claim 16 further comprising identifying a medical episode driving cost from the plurality of claims for each member in the high-cost set of members.

21. A method for targeting high-risk members from a plurality of members of a healthcare plan for proactive care, using data from a plurality of claims corresponding to the plurality of members, the method comprising:
filtering the plurality of members using a filter criterion to identify a set of high-cost members; and identifying a medical episode driving cost from the plurality of claims.

22. The method of claim 21 wherein the filter criterion is a predicted future cost.

23. The method of claim 21 wherein the predicted future cost is calculated using a predictive model.

24. The method of claim 21 further comprising searching the plurality of claims to identify the presence of an intervention flag for each of the high-cost members.

25. The method of claim 21 further comprising searching the plurality of claims for the presence of a factor influencing care intervention for each of the high-cost members.

26. The method of claim 25 wherein the factor influencing care intervention is selected from the group consisting of: mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

27. A method of targeting high-risk members amenable to proactive care from a plurality of members of a healthcare plan using information from a plurality of claims corresponding to each of the plurality of members, the method comprising:

- filtering the plurality of members using a filter criterion to identify a set of high-cost members;
- identifying the presence of each of a plurality of intervention flags for each member in the set of high-cost members, by analyzing the claims corresponding to each high-cost member;
- generating a data file for display showing the number of interventions present for each of the plurality of members in association with an identification of the member; and
- selecting one of the high-cost members and displaying a portion of the data file corresponding to the selected member.

28. The method of claim 27 further comprising, prior to the act of generating a data file, selecting an intervention set from the high-cost members, based on a relevant criterion.

29. The method of claim 28 further comprising calculating a relative risk for each of the high-cost members based on the members predicted future healthcare utilization.

30. The method of claim 29 wherein the high-cost members are ranked in the data file according to each high-cost member's relative risk and the number of intervention flags present.